

| POSITION                  | INITIALS           | ID NO. | DATE        |
|---------------------------|--------------------|--------|-------------|
| FEE DETERMINATION         | <i>[Signature]</i> | 69801  | 12/9        |
| O.I.P.E. CLASSIFIER       |                    |        | 11 12 21-24 |
| FORMALITY REVIEW          | SS                 | 65085  | 1 11 240    |
| RESPONSE FORMALITY REVIEW |                    |        |             |

BEST AVAILABLE COPY

INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim    | Date   |
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| Final    |        |
| Original |        |
| 3        | 5-2-93 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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